

Electronic Data Interchange Enhanced to Support Safety First Event Reporting

(SaFER)

Partnering to protect our employees and meet our challenges

What if...

...simultaneous notification of injuries could be made to Injury Compensation, Safety and Occupational Health?

...injury data could be shared - without threat of Privacy Act issues - between Injury Compensation, Safety and Occupational Health?

...OSHA required forms could be stored electronically at each installation, and *initial* OSHA recordability captured virtually?

...DoD Safety Centers could retrieve a nightly extract of injury data to support aggregate trends and Component analysis?

We can...

Introducing the Electronic Data Interchange enhancement to support Safety First Event Reporting.

- ...utilize existing employee/supervisor EDI process to generate both OWCP initiating claim forms and OSHA recordkeeping forms.
- ...establish an *initial* OSHA recordability status supporting both OSHA1960 and OSHA1904 rules.
- ...leverage electronic email notification processes to immediately inform Injury Compensation, Safety, and Occupational Health of an injury or illness.
- ...generate nightly data extracts to provide authorized accident related data to appropriate DoD Safety Centers.

SaFER...

Is a first event notification system for Safety & Occupational Health.

Allows ICPAs continued control of case management within the injury compensation program.

Assists safety in continued efforts to record, analyze, and abate hazardous conditions.

Is NOT intended as a safety reporting system

Is NOT intended as a replacement for existing safety center applications

Is NOT intended to provide final OSHA recordability.

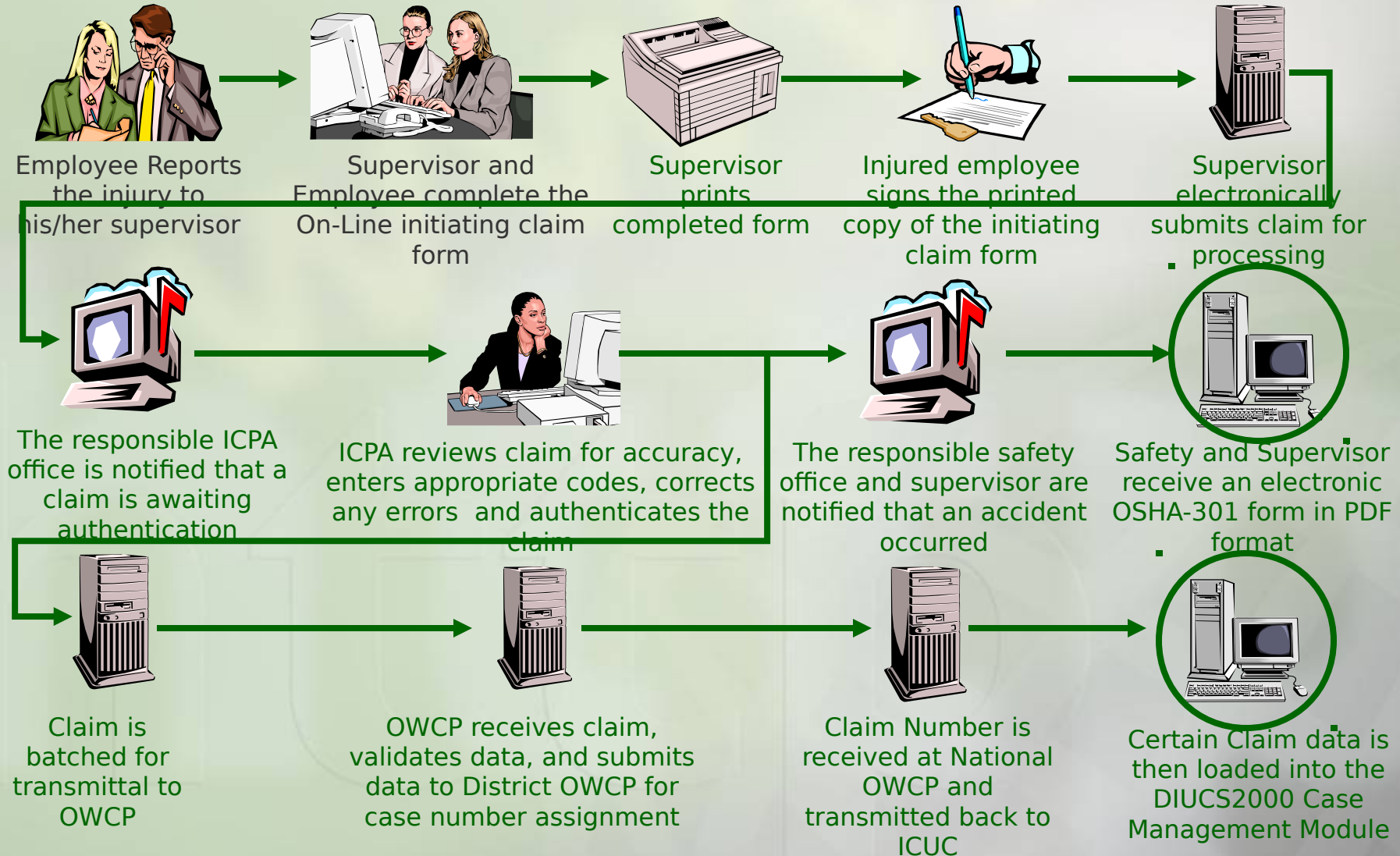
Why?

“OSHA recommends that each agency analyze whether it would be just as easy and cost effective to comply with these [OSHA1904] requirements by implementing a system where OSHA 301 forms are completed contemporaneously with CA forms.”

Thomas K Marple, OSHA

“...the use of electronic filing systems for Federal workers’ compensation claims would facilitate the elimination of those data fields not needed by OSHA.” OWCP - DOL

How does this work?



Is Privacy Act data protected?

Dual Purpose Records (DoD Disclosure)	OWCP Owned Record (DOL/GOVT-1)	DoD Personnel/Payroll Records
<p>Allowable to Safety</p> <p>Employee Name *</p> <p>Date of Injury</p> <p>Date of Death</p> <p>Location of Injury</p> <p>Injury Zip Code</p> <p>Cause of Injury</p> <p>Nature of Injury</p> <p>Extent of Injury</p> <p>Anatomical</p> <p>Location</p> <p>Side of Body</p> <p>OSHA Type Code</p> <p>OSHA Source Code</p> <p>OSHA Site Code</p> <p>Fatal Indicator</p> <hr/> <p>Claim Form</p> <hr/> <p>* Except in Privacy Cases</p> <p>OSHA Log</p>	<p>Not Allowable to Safety</p> <p>Social Security Number</p> <p>Date of Birth</p> <p>Home Telephone</p> <p>Grade/Level/Step</p> <p>Home Address</p> <p>Dependent Status</p> <p>Retirement</p> <p>Coverage</p> <p>Third Party Indicator</p> <p>Third Party Name</p> <p>Third Party Address</p> <p>Physician Name</p> <p>Physician Address</p> <hr/> <p>First Medical Care Date</p> <p>Disability Status</p> <p>DOI Pay Rate</p>	<p>(DoD Disclosure)</p> <p>DCPDS Personnel Extract</p> <p>(Entire File Layout)</p> <p>DFAS Payroll Extract</p> <p>(Entire File Layout)</p> <p><u>Those with a need to know must obtain approval from source database owners.</u></p>

Safety First Event Reporting

(SaFER)

Demonstration

EDI_CA1

Emp. Data **Injury** Emp. Signature Witness Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Sup Rpt 4 Safety Data Sup Signature

9. Place where injury occurred (e.g. 2nd floor, Mainpost Office Bldg., 12th & Pine)
IN FRONT WALKWAY AT 1400 KEY BLVD, ARLINGTON VA

ZIP Code: 22209

10. Date & time injury occurred
MM-DD-YYYY HH:MM [AM|PM]
09-07-2004 12:00 AM

11. Date of this notice
MM-DD-YYYY
09-07-2004

12. Employee's Occupation Description
PERSONNEL ACTIONS CLERK (DATA TRANSCRIBING)

13. Cause of injury (Describe what happened and why)
WHILE WALKING INTO THE BUILDING FROM BREAK, I SLIPPED ON THE WET FLOOR. THE CUSTODIAN JUST WASHED THE MARBLE FLOOR AND IT WAS VERY SLIPPERY.

14. Nature of injury (Identify both the injury and the part of body, e.g., fracture of left leg)
SPRAINED LEFT ANKLE

a. Occupation code
0203

Cause of injury code

b. OSHA Type

c. OSHA Source

Nature of Injury

Anatomical location code
Part of Body Side of Body

View Claim **Submit Claim** **Cancel** **Exit**

EDI_CA1

Emp. Data Injury Emp. Signature Witness Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Sup Rpt 4 Safety Data Sup Signature

30. Was injury caused by third party?

☒ Yes
☐ No

31. Name and address of third party (include city, state, and ZIP code)

3rd party name: WASH-AND-GO JANITORIAL SERVICES

name continued:

Street Address: 1111 WILSON BLVD

City: ARLINGTON

State: VA ZIP Code: 2220

32. Name and address of physician first providing medical care (include city, state, and ZIP code)

Last Name First Name Middle Name Title

FRANKELFRITZ FERDINAND L MD

Street Address: 13059 ADIRONDACK HTS

City: ARLINGTON

State: VA ZIP Code: 2220

33. First date medical care received

MM-DD-YYYY

09-07-2004

33a. Provided by Agency medical facility?

☐ Yes ☒ No

34. Do medical records show employee is disabled for work?

☐ Yes ☒ No ☐ Unknown

View Claim Submit Claim Cancel Exit

Work Environment Exceptions

- ☐ Employee was member of general public rather than an employee at the time of injury.
- ☒ Injury resulted from non-work related event or exposure occurring outside of the work environment.
- ☐ Injury resulted from voluntary participation in a wellness program or in a medical, fitness, or recreational activity.
- ☐ Injury resulted from employee eating, drinking, or preparing food or drink for personal consumption.
- ☐ Injury resulted from personal grooming, self medication, or is intentionally self-inflicted.
- ☐ Injury resulted from a motor vehicle accident occurring on company premises while commuting to or from work.
- ☐ Injury is the common cold or flu.

Privacy Case Status:

A

Not A Privacy Case

General Recording Criteria

- ☐ Employee is deceased as a result of the incident.
- ☐ Employee suffered days away from work as a result of the incident.
- ☐ Employee's work activity was restricted as a result of the incident.
- ☐ Employee was treated in an emergency room as a result of the incident.
- ☐ Employee was hospitalized overnight as an in-patient.
- ☐ Employee lost consciousness as a result of the incident.
- ☐ Employee was transferred to another job as a result of the incident.

Preliminary OSHA Recordability

29 CFR 1960:

RECORDABLE

OSHA 200 Log Coding:

-

29 CFR 1904:

NON-RECORDABLE

OSHA 300 Log Coding:

N/A

Injury Classification:

A

Injury

As Of:

09-07-2004 01:08:48 PM

View Claim**Submit Claim****Cancel****Exit**

EDI_CA1

Emp. Data Injury Emp. Signature Witness Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Sup Rpt 4 **Safety Data** Sup Signature

Choose a Valid Privacy Case Code

Find %

Privacy Case Description	Code
D	HIV Infection
E	Hepatitis
C	Mental Illness
G	Needlestick
A	Not A Privacy Case
H	Personal Request
B	Sexual Assault
F	Tuberculosis

Find OK Cancel

☐ Employee's work activity was restricted as a result of the incident.

☐ Employee was treated in an emergency room as a result of the incident.

☐ Employee was hospitalized overnight as an in-patient.

☐ Employee lost consciousness as a result of the incident.

☐ Employee was transferred to another job as a result of the incident.

Injury Classification: A Injury

Recordability
RECORDABLE

OSHA 200 Log Coding: N/A

29 CFR 1904: NON-RECORDABLE

OSHA 300 Log Coding: N/A

As Of: 09-07-2004 01:08:48 PM

View Claim **Submit Claim** **Cancel** **Exit**

EDI_CA1

Emp. Data Injury Emp. Signature Witness Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Sup Rpt 4 **Safety Data** Sup Signature

Work Environment Exceptions

☐ Employee was member of general public rather than an employee at the time of injury.

Choose a Valid Injury Classification

Find %

Injury Class Record	Injury Class Description	OSHA 200 Injur...	OSHA 300 Injur...
I	All Other Illnesses	G	5
G	Disease Due to Physical Agents	E	5
D	Dust or Disease of Lungs	B	3
H	Hearing Loss	G	5
A	Injury	G	1
B	Musculoskeletal Disorder	F	5
O	OLD DATA	O	0
F	Poisoning	D	4
E	Respiratory	C	3
C	Skin Disorder	A	2

Find OK Cancel

☐ Employee was transferred to another job as a result of the incident.

OSHA 300 Log Coding: N/A

Injury Classification: A Injury **As Of:** 09-07-2004 01:08:48 PM

View Claim **Submit Claim** **Cancel** **Exit**

EDI_CA1

Emp. Data Injury Emp. Signature Witness Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Sup Rpt 4 Safety Data Sup Signature

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Not A Privacy Case

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Preliminary OSHA Recordability

29 CFR 1960:

RECORDABLE

OSHA 200 Log Coding:

2

29 CFR 1904:

NON-RECORDABLE

OSHA 300 Log Coding:

N/A

Injury Classification:

A

Injury

As Of:

09-07-2004 01:08:48 PM

View Claim

Submit Claim

Cancel

Exit

EDI_CA1

Emp. Data Injury Emp. Signature Witness Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Sup Rpt 4 Safety Data Sup Signature

38. A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect of this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

Was an on-site investigation conducted?

☐ Yes ☒ No

What was the root cause of this injury?

Name of Supervisor: Last Name: RICHARDSON First Name: BRYAN Middle Name:

Signature of supervisor: _____ Date signed: 09-07-2004

Supervisor's Title: SUPERVISOR Supervisor's Email Address: BRYAN.RICHARDSON@CPM Supervisor's Office phone number: (703) 696-1989

39. Filing Instructions

☐ No lost time and no medical expense: Place this form in employee's

☒ No lost time, medical expenses incurred or expected: forward this form to

☐ Lost time covered by leave, LWOP, or COP: forward this form to O

☐ First Aid Injury

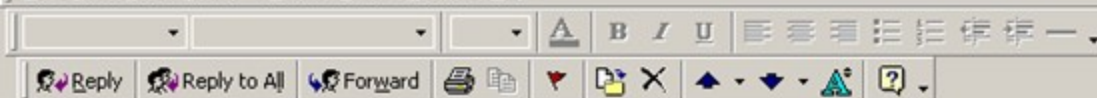
View Claim Submit Claim Cancel Exit

Email Validation

Please re-type your email address here, before you can continue, then press OK.

BRYAN.RICHARDSON@CPMS.OSD.MIL

OK



From: john.sterbenz@cpms.osd.mil
 To: BRYAN.RICHARDSON@cpms.osd.mil; vinod.kambham@cpms.osd.mil
 Cc: sherrel.enix@cpms.osd.mil
 Subject: OSHA Log # 900000042: was submitted for approval on 09-07-04

Sent: Tue 9/7/2004 11:47 AM

This is to notify you that a new workers' compensation claim has been filed. The attachment noted below contains the OSHA 101 and 301 Incident Report captured through the Electronic Data Interchange Process.

The initial OSHA recordability for this case is show below.

OSHA Recordability - 29CFR 1960 Recordable	2
29CFR 1904 Non-Recordable	N/A

OSHA101_3...
 (22KB)

FileEditViewDocumentToolsAdvancedWindowHelp

OpenSavePrintEmailSearchCreate PDFReview & CommentSecureSignAdvanced Editing

Select Text91%How To..?

BookmarksSignaturesLayersPagesComments

OSHA's Form 301
Injury and Illness Incident Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employee to the extent possible while the information is being used for occupational safety and health purposes.

OSHA Recordability - 1960 Recordable 2
1904 Non-Recordable N/A

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMS no. 3219-0178

This Injury and Illness Incident Report is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the Lof of Work-Related Injuries and Illnesses and the accompanying Summary, these forms help the employer and OSHA develop a picture of the extent and severity of worked-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of the form, you may photocopy and use as many as you need.

Information about the employee

1) Full name ACTION TEST

2) Street 1305 HOLLY ST
City WASHINGTON DC 20012
State Zip

3) Date of birth 08 / 01 / 1966

4) Date hired 01 / 01 / 1982

5) ☒ Male
☐ Female

Information about the physician or other Health care professional

6) Name of physician or other health care professional
FERDINAND FRANKELFRITZ 13059
ADIRONDACK HTS ARLINGTON VA 22202

7) If treatment was given away from the worksite, where was it given?
FERDINAND FRANKELFRITZ
Facility
13059 ADIRONDACK HTS
Street
ARLINGTON VA 22202
City State Zip

8) Was employee treated in an emergency room?
☐ Yes
☒ No

9) Was employee hospitalized overnight as an in-patient?
☐ Yes
☒ No

Information about the case

10) Case number from the Log 900000042
(Transfer the case number from the Log when you record the case.)

11) Date of injury or illness 09 / 05 / 2004

12) Time employee began work 07:00 AM AM / PM

13) Time of event 10:15 AM AM / PM ☐ Check if time cannot be determine

14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
WHILE WALKING INTO THE BUILDING FROM BREAK, I SLIPPED ON THE WET FLOOR. THE CUSTODIAN JUST WASHED THE MARBLE FLOOR AND IT WAS VERY SI

15) What happened? Tell us how the injury occurred. Example: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
WHILE WALKING INTO THE BUILDING FROM BREAK, I SLIPPED ON THE WET FLOOR. THE CUSTODIAN JUST WASHED THE MARBLE FLOOR AND IT WAS VERY SI

16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
FELL ON SAME LEVEL, LEFT FOOT - GREAT TOE SINGLE
LEG/HIP/ANKLE/BUTTOCK

17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
WALKING/WORKING SURFACE (FLOOR, STREET, CURBS, PORCHES)

18) If the employee died, when did death occur? Date of death / /

Completed by BRYAN RICHARDSON
Title SUPERVISOR
Phone 703 696 1989 Date 09 / 07 / 04

11 x 8.5 in

2 of 2

StartEDI A...OSHA ...Micros...CPMS ...Digital Sig...Adob...EN12:55 PM

How do we get started?

1. Establish a routing association in SaFER
2. Establish an 'alias' email distribution grouping
3. Notify CPMS-ICUC of 'alias' email address

Establish Routing Association

Routing associations currently exist in EDI to notify ICPAs when an injury occurs:

- Uses the Agency CPO code in the injured employee's personnel record
- Matches to the DOL CPO code used by OWCP to correspond with the ICPA office.

EDI_INITIAL_SUP

Enter A New U.S. Department of Labor
Worker's Compensation Claim Form:

Claimant

Social Security Number (SSN):

Date of Birth (MM/DD/YYYY):

Claim Form Type

☒ CA-1 Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay / Compensation

☐ CA-2 Notice of Occupational Disease and Claim for Compensation

saf 06/14/2004

Personnel
Record:

SSN
DOB
Agency CPO

(first two
characters of the
employee's Position
Description)

EDI ICPA Routing Table		
Agency CCPO Code	DOL CCPO Code	Alias Email Address
01	AE	nan-icpa@usace.army.mil
10	BP	icpa@pba.army.mil
41	QJ	ICPA@misell.af.mil
42	PD	ICPA@westover.af.mil
4A	SB	icpa@brooks.af.mil
4B	NZ	icpa.hawaii@navy.mil
4C	KF	icpa@h.navy.mil
4D	GW	icpa@ellisworth.af.mil
4E	LS	icpa@nswc.navy.mil
4F	JN	icpa@nswc.navy.mil
4G	LR	incomprod@nswccd.navy.mil
4H	JK	brightp@onr.navy.mil
4I	JG	ICPASHRO@nmc-iist.com
4J	JM	icpa@gwmail.usna.edu
4K	QV	ruby.covington@whiteman.af.mil
4L	RZ	altus.icpa@altus.af.mil
4O	RF	ICPA@beale.af.mil
4Q	SC	icpa@cannon.af.mil
4R	SD	icpa@carwell.af.mil
4U	PL	icpa@charleston.af.mil
4V	RH	ICPA@DM.AF.MIL

Establish Distribution Grouping

The EDI Tracking System e-mail exchange requires the use of a unique, distribution group email address known as an 'alias email address'. This address is intended only for e-mail generated by the EDI program and the EDI program administrator.

This distribution grouping may contain any SOH personnel deemed appropriate for a particular organization or installation responsible for investigating and abating safety issues.

To establish a distribution grouping email address, contact your local information systems. They have the ability to establish a unique group address, and add individual email address for the entire SOH staff.

Notify CPMS-ICUC

Once a distribution grouping account has been established for your office, notify
ICUC Customer Support of the following:

- Alias e-mail address
- DOL Civilian Personnel Office code – (The ICPA responsible for claims will be able to provide this code to you)

EDI_INITIAL_SUP

Enter A New U.S. Department of Labor
Worker's Compensation Claim Form:

Claimant

Social Security Number (SSN):

Date of Birth (MM/DD/YYYY):

Claim Form Type

☒ CA-1 Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay / Compensation

☐ CA-2 Notice of Occupational Disease and Claim for Compensation

Enter claim

Exit

saf 06/14/2004

Personnel
Record:

SSN
DOB
Agency CPG

(first two
characters of the
employee's Position
Description)

EDI ROUTING TABLE

Agency CCFO Code	DOL CCFO Code	Alias Email Address	Safety Alias Address
01	AE	nan-e-pa@usace.army.mil	safety@usace.army.mil
10	BP	icpa@gsa.army.mil	safety@gsa.army.mil
41	QJ	ICPA@npsself.aig.af.mil	safety@npsself.aig.af.mil
42	PD	ICPA@westover.af.mil	safety@westover.af.mil
4A	EB	icpa@brook.af.mil	safety@brook.af.mil
4B	NZ	icpa.hawaii@navy.mil	safety@navy.mil
4C	KT	icpa@h.navy.mil	safety@h.navy.mil
4D	QW	icpa@holloworth.af.mil	safety@holloworth.af.mil
4E	LS	icpa@brown.navy.mil	safety@brown.navy.mil
4F	LN	icpa@brown.navy.mil	safety@brown.navy.mil
4G	LR	incomprad@brown.cd.navy.mil	safety@brown.cd.navy.mil
4H	IK	kingtts@one.navy.mil	safety@one.navy.mil
4I	JO	ICPA@HRO@nrci-af.com	safety@nrci-af.com
4J	JM	icpa@gsa.usna.edu	safety@gsa.usna.edu
4K	QV	nuty.springton@whidman.af.mil	safety@whidman.af.mil
4L	RZ	stutts.e-pa@stus.af.mil	safety@stus.af.mil
4M	BF	ICPA@beale.af.mil	safety@beale.af.mil
4N	SC	icpa@carannon.af.mil	safety@carannon.af.mil
4P	ED	icpa@charwell.af.mil	safety@charwell.af.mil
4Q	PL	icpa@charleston.af.mil	safety@charleston.af.mil
4R	HH	ICPA@DM.AF.MIL	safety@DM.AF.MIL
4S	PJ	john.wyatt@pmc.osd.mil	safety@pmc.osd.mil
4T	SE	DyesDP@ICPA@dyess.af.mil	safety@dyess.af.mil
4U	RU	icpa@fancit.af.mil	safety@fancit.af.mil
4V	QX	blmoss.icpa@warren.af.mil	safety@warren.af.mil
4W	QH	ICPA@goodfellow.af.mil	safety@goodfellow.af.mil
4X	GE	ICPA@OASD@DM.AF.MIL	safety@OASD@DM.AF.MIL
4Y	SI	icpa@protoman.af.mil	safety@protoman.af.mil